

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061188 (6)**

1. Corporation Name
ACR MARKETING, INC.

Principal Place of Business Mailing Address
700 SE 32ND CT **700 SE 32ND CT**
FT LAUDERDALE FL 33316 **FT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report
21		26		4. FEI Number 65-0536383	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	Country	29. Zip	Country	8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POZZUOLI, EDWARD J 790 E BROWARD BLVD SUITE 200 FT LAUDERDALE FL 33301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, CLIFF	1.2 NAME	
STREET ADDRESS	700 SE 32ND CT	1.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33316	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RULIEN, DAVID	2.2 NAME	
STREET ADDRESS	700 SE 32ND CT	2.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33316	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, CLIFF II	3.2 NAME	
STREET ADDRESS	700 SE 32ND CT	3.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33316	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIXTON, WILLIAM	4.2 NAME	
STREET ADDRESS	700 SE 32ND CT	4.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33316	4.4 CITY - ST - ZIP	
TITLE	D/S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, DAVID	5.2 NAME	
STREET ADDRESS	700 SE 32ND CT	5.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33316	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, CLIFFORD F.	6.2 NAME	
STREET ADDRESS	7000 S.W. 16th STREET	6.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION, FL 33317	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4.29.95 305-744-3533
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date (System Phone #)